

AUG 18 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Schwartzman et al.

Attorney Docket No.: CISC203/1939

Application No.: 09/846,849

Examiner: USTARIS, JOSEPH G.

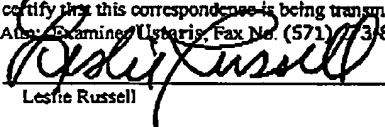
Filed: May 2, 2001

Group: 2617

Title: METHODS AND APPARATUS FOR
ENABLING AND DISABLING CABLE
MODEM RECEIVER CIRCUITRY

CERTIFICATE OF FACSIMILE TRANSMISSION:

I hereby certify that this correspondence is being transmitted by facsimile to the United States Patent and Trademark Office, Commissioner for Patents, Attn: Examiner Ustaris, Fax No. (571) 273-8300 on: August 18, 2006.

Signed: 
Leslie Russell

NOTICE OF APPEAL

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Appeals from the decision of the Primary Examiner mailed June 22, 2006, finally rejecting Claims 1-63.

The item(s) checked below are appropriate:

Appeal Fee: ☐ \$250.00 (Small Entity) ☒ \$500.00 (Large Entity)

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply:

☐ Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR 1.17(a)-(d)) for the total number of months checked below:

Application No.: 09/846,849

1

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<u>Months</u>	<u>Large Entity</u>	<u>Small Entity</u>
<input type="checkbox"/> one	\$120.00	\$ 60.00
<input type="checkbox"/> two	\$450.00	\$225.00
<input type="checkbox"/> three	\$1,020.00	\$510.00

If an additional extension of time is required, please consider this a petition therefor.

☐ An extension for _____ month(s) has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

☒ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

Total Fee Due

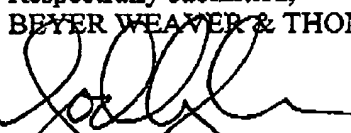
Notice of Appeal Fee	\$500.00
Extension Fee (if any)	\$

Total Fee Due	\$500.00
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☐ Enclosed is Check No. _____ in the amount of \$ _____.

☐ Please charge the required fees of \$500.00 and/or any additional fees or credit any overpayment to Deposit Account No. 500388, (Order No. CISC203).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP



Godfrey K. Kwan
Reg. No. 46,850

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510-663-1100

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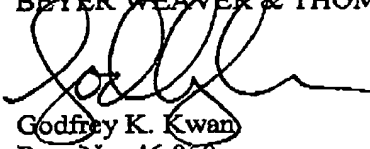
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